SASKATCHEWAN
HEALTH

COMMUNITY SERVICES

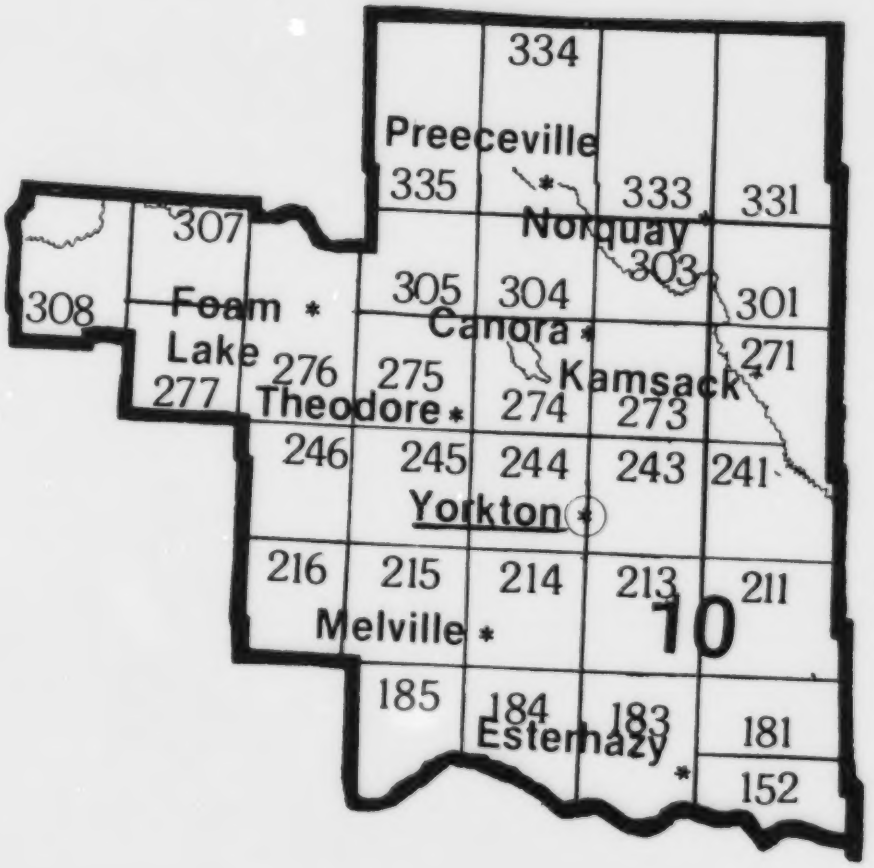
YORKTON-MELVILLE
REGION

1988

ANNUAL REVIEW

YORKTON–MELVILLE

HEALTH REGION



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F O R E W O R D

There is no formal report by the Chairman of the Regional Health Board for 1988, as this Annual Review is to be regarded as a report of the Health Region staff to the Board. However, the Board was active during the year with members participating in such activities as: promoting annual rabies immunization clinics; regular attendance at scheduled meetings at which the usual health education up-dates were given by the Health Region staff; sponsoring national food sanitation seminars; general health promotion activities in the community; preparing resolutions to the Minister of Health on important health concerns; working together with other Boards on a consensus brief for presentation to the Commission on Directions in Health Care; 2 representatives of the Board participated in the Annual Meeting of the Saskatchewan Public Health Association, and regular reports to Health Region staff of sanitation concerns in the various districts.

The philosophy and overall goals of Health Region #10 are repeated again in this year's Review. They were first developed in 1986, and included in the Annual Review for that year.

REGIONAL BOARD MEMBERS

BACK ROW: (left to right)

Mr. Mike Swerhone, Health District No. 4, Canora
Mr. Metro Wintonyk (Chairman), Health District No. 1, Stornoway
Mr. Paul Stan, Health District No. 6, Foam Lake
Mr. Edward Brezinski, Health District No. 5, Buchanan

FRONT ROW: (left to right)

Mrs. Frances Korchinski, Health District No. 2, Hubbard
Mrs. Beatrice Malach, Health District No. 3, Killaly
Miss Kay Boyko, Health District No. 7, Yorkton

REGIONAL BOARD MEMBERS - 1988

HEALTH DISTRICT NO. 1

Mr. Metro Wintonyk
P.O. Box 9
STORNOWAY, Sask.
S0A 3Z0 Telephone: 273-4736

(term expires April 1989)

HEALTH DISTRICT NO. 2

Mrs. Frances Korchinski
P.O. Box 128
HUBBARD, Sask.
S0A 1J0 Telephone: 795-2893

(term expires April 1990)

HEALTH DISTRICT NO. 3

Mrs. Beatrice Malach
P.O. Box 149
KILLALY, Sask.
S0A 1X0 Telephone: 748-2392

(term expires April 1989)

HEALTH DISTRICT NO. 4

Mr. Mike Swerhone
P.O. BOX 209
CANORA, Sask.
S0A 0L0 Telephone: 563-5844

(term expires April 1989)

HEALTH DISTRICT NO. 5

Mr. Edward Brezinski
P.O. Box 314
BUCHANAN, Sask.
S0A 0J0 Telephone: 592-2242

(term expires April 1989)

HEALTH DISTRICT NO. 6

Mr. Paul Stan
P.O. Box 431
FOAM LAKE, Sask.
S0A 1A0 Telephone: 272-4234

(term expires April 1990)

HEALTH DISTRICT NO. 7

Miss Kay Boyko
#14 - 15 Darlington St. E.,
YORKTON, Sask.
S3N 0L 1 Telephone: 273-7659

(term expires April 1990)

MUNICIPAL HEALTH REPRESENTATIVES - 1988

DISTRICT HEALTH COUNCIL NO. 1

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Francis Smithson Box 66, Ebenezer, Sask. S0A 0T0 Phone: 782-7321	Village of Ebenezer
Mrs. Helen Tkachuk Box 47, Calder, Sask. S0A 0K0 Phone: 742-2158	Village of Calder
Mr. Don Laube Box 58, Springside, Sask. S0A 3V0 Phone: 792-2059	Village of Springside
Mrs. Joyce Bassingthwaite Box 117, Willowbrook, Sask. S0A 4P0 Phone: 782-6921	Village of Willowbrook
Mrs. Linda Davenport Box 58, Wroxton, Sask. A0A 4S0 Phone: 742-4269	Village of Wroxton
* Mr. Metro Wintonyk Box 9, Stornoway, Sask. S0A 3Z0 Phone: 273-4736	Village of Stornoway
Mr. John Stricker Box 119, Rhein, Sask. S0A 3K0 Phone: 273-2022	Village of Rhein
Mr. William Tkatchuk Calder, Sask. S0A 0K0 Phone: 742-2173	Calder R.M. #241
Mrs. Joyce Burkell Box 48, RR#1, Yorkton, Sask. S3N 2V3 Phone: 782-7112	Wallace R.M. #243
Mr. Harvey Grunert RR#2, Yorkton, SAsk. S3N 2V4 Phone: 782-5905	Orkney R.M. #244

* Regional Board Member

Mrs. Florence Griffith
156 Betts Avenue, Yorkton, Sask. S3N 1M4 (also wishes to be notified re meetings)

DISTRICT HEALTH COUNCIL NO. 2

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Glen Miller Box 2041, Melville, Sask. S0A 2P0 Phone: 728-2194	City of Melville
Mr. Harry Kozakewich Box 580, Ituna, Sask. S0A 1N0 Phone: 795-2266	Town of Ituna
Mr. Norman Schick Box 57, Duff, Sask. S0A 0S0 Phone: 728-3592	Village of Duff
Mrs. Betty Ulmer Fenwood, Sask. S0A 0Y0 Phone: 728-3149	Village of Fenwood
Mrs. Anne Elash Box 88, Goodeve, Sask. S0A 1C0 Phone: 876-2008	Village of Goodeve
* Mrs. Frances Korchinski Box 128, Hubbard, Sask. S0A 1J0 Phone: 795-2893	Village of Hubbard
Mr. Randy Kozak Insinger, Sask. S0A 1L0 Phone: 647-2415	Village of Insinger
Mrs. Angeline Polegi Box 45, Jedburgh, Sask. S0A 1R0 Phone: 647-2748	Village of Jedburgh
Mr. Ron Sebulsky Box 2, Sheho, Sask. S0A 3T0 Phone: 849-2044	Village of Sheho
Mrs. Dorothy Profit Box 446, Theodore, Sask. S0A 4C0 Phone: 647-2012	Village of Theodore
Mr. Elmer Farkes RR#1, Box 37, Melville, Sask. S0A 2P0 Phone: 782-9579	Cana R.M. #214
Mr. Albert Steffan Box 1343, Melville, Sask. S0A 2P0 Phone: 728-3002	Stanley R.M. #215
Mrs. Gloria Mandziak Goodeve, Sask. S0A 1C0 Phone: 795-2784	Tullymet R.M. #216
Mr. Joe Kruda Willowbrook, Sask. S0A 4P0 Phone: 782-7235	Garry R.M. #245
Mr. Roman Marshall Ituna, Sask. S0A LN0 Phone: 795-2202	Ituna Bon Accord R.M. #246
Mrs. Bev Kostichuk Insinger, Sask. Phone: 647-2679	Insinger R.M. #275

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 3

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Jean Thorsness Bredenbury, Sask. S0A 0H0 Phone: 898-2221	Town of Bredenbury
Mrs. Marie Yanke Box 128, Churchbridge, Sask. S0A 0M0 Phone: 896-2281	Town of Churchbridge
Mrs. Carol Unchulenko Box 734, Esterhazy, Sask. S0A 0X0 Phone: 745-2300	Town of Esterhazy
Mrs. Elna Bauming Box 734, Langenburg, Sask. S0A 2A0 Phone: 743-2225	Town of Langenburg
Mrs. Elsie Pekrul Box 22, Lemberg, Sask. S0A 2B0 Phone: 335-2425	Town of Lemberg
Mrs. Margaret Rushka Saltcoats, Sask. S0A 3R0 Phone: 744-2325	Town of Saltcoats
Mrs. Doreen D. Rausch Atwater, Sask. S0A 0C0 Phone: 745-3809	Village of Atwater
Mrs. Eveline Johnson Bangor, Sask. S0A 0E0 Phone: 728-5356	Village of Bangor
Mrs. Mary Nagy Dubuc, Sask. S0A 0R0 Phone: 877-2046	Village of Dubuc
Mrs. Dianne Lamontagne Gerald, Sask. S0A 1B0 Phone: 745-2276	Village of Gerald
Mr. Fred Bogdan Box 155, Grayson, Sask. S0A 1E0 Phone: 794-2057 or 794-2022	Village of Grayson
* Mrs. Beatrice Malach Box 149, Killaly, Sask. S0A 1X0 Phone: 748-2392	Village of Killaly
Mrs. Lorraine Andres Box 142, MacNutt, Sask. S0A 2K0 Phone: 742-4209	Village of MacNutt
Mr. Jacob Hollinger Neudorf, Sask. S0A 2T0 Phone: 748-2278	Village of Neudorf
Mrs. Wanda Petracek Spy Hill, Sask. S0A 3W0 Phone: 534-2281	Village of Spy Hill

* Regional Board Member

----continued

DISTRICT HEALTH COUNCIL NO. 3 (continued)

Mrs. Shirley Drotar Stockholm, Sask. S0A 3Y0 Phone: 793-2152	Village of Stockholm
Mrs. Marienna Godwin Box 76, Tantallon, Sask. S0A 4B0 Phone: 643-2052	Village of Tantallon
Mrs. Doreen Cooper Box 2776, Melville, Sask. S0A 2P0 Phone: 728-5378	Village of Waldron
Mrs. Bernice Verner Box 142, Yarbo, Sask. S0A 4V0 Phone: 745-6135	Village of Yarbo
Mrs. Ilene M. Thorpe Box 126, Spy Hill, Sask. S0A 3W0 Phone: 534-4565	Spy Hill R.M. #152
Mr. Otto Weiss Gerald, Sask. S0A 1B0 Phone: 745-2609	Langenburg R.M. #181
Mr. Lynn Johnson Esterhazy, Sask. S0A 0X0 Phone: 745-2721	Fertile Belt R.M. #183
Mr. Harvey Mucha Box 1997, Melville, Sask. SA0 2P0 Phone: 748-2807	Grayson R.M. #184
Mr. John Douhaniuk Box 128, Killaly, Sask. S0A 1X0 Phone: 748-2386	McLeod R.M. #185
Mr. Leo Fuhr Langenburg, Sask. S0A 2A0 Phone: 743-5096	Churchbridge R.M. #211
Mr. Caspar Haas General Delivery, Saltcoats, Sask. S0A 3R0 Phone: 744-2774	Saltcoats R.M. #213

Mrs. Ann Batycki
Box 136, Goodeve, Sask. S0A 1C0 (also wishes to be notified re meetings)

DISTRICT HEALTH COUNCIL NO. 4

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
* Mr. Mike Swerhone Box 209, Canora, Sask. S0A 0L0 Phone: 563-5844	Town of Canora
Mr. Metro Kowalchuk General Delivery, Kamsack, Sask. S0A 1S0 Phone: 542-2778	Town of Kamsack
Mr. Edward Fissel Box 412, Pelly, Sask. S0A 2Z0 Phone: 595-2046	Village of Pelly
Mrs. Rose Hamell Box 144, Togo, Sask. S0A 4E0 Phone: 597-2186 or 597-2114	Village of Togo
Mrs. Eva Moskal Box 160, Veregin, Sask. S0A 4H0 Phone: 542-4365 or 542-4338	Village of Veregin
Mr. Wilbert Filipchuk Box 217, Kamsack, Sask. S0A 1S0 Phone: 542-3319	Cote R.M. #271
Mr. John Gorchinski 3-16, RR#2, Canora, Sask. S0A 0L0 Phone: 782-7393	Sliding Hills R.M. #273
Mr. Julius Dziaduck Box 81, Buchanan, Sask. S0A 0J0 Phone: 592-4705	Good Lake R.M. #274
Mr. Mike Mosiuk Box 1078, Kamsack, Sask. S0A 1S0 Phone: 542-3037	St. Phillips R.M. #301
Mrs. Nettie Gazdewich Box 53, Norquay, Sask. S0A 2V0 Phone: 594-2103	Keys R.M. #303

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 5

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Beverley Strand Box 126, Sturgis, Sask. SAO 4AO Phone: 548-2842	Town of Sturgis
Mr. Ivan Britton Box 560, Preeceville, Sask. SOA 3BO Phone: 547-2810	Town of Preeceville
Mrs. Darlene Larson Box 86, Norquay, Sask. SOA 2VO Phone: 594-2661	Town of Norquay
Mrs. Pearl Marshall Arran, Sask. SOA OBO Phone: 595-4443	Village of Arran
* Mr. Edward Brezinski Box 314, Buchanan, Sask. SOA OJO Phone: 592-2242	Village of Buchanan
Mrs. Judi Zaharia Endeavour, Sask. SOA OWO Phone: 547-4301	Village of Endeavour
Mr. Paul Chermcora Box 25, Hyas, Sask. SOA LKO Phone: 594-2936	Village of Hyas
Mr. Sidney E. Currah Box 35, Invermay, Sask. SOA LMO Phone: 593-2059	Village of Invermay
Mr. Matt Rogowsky Box 54, Lintlaw, Sask. SOA 2HO Phone: 325-2022	Village of Lintlaw
Mr. Steve Nowakowski Box 139, Rama, Sask. SOA 3HO Phone: 593-6065	Village of Rama
Mr. Ray Motilaga Box 27, Stenen, Sask. SOA 3XO	Village of Stenen
Mr. Marvin Boyko RR#1, 2-24, Canora, Sask. SOA OLO Phone: 563-5095	Buchanan R.M. #304
Mrs. Evelyn Laird Box 16, Sheho, Sask. SOA 3TO Phone: 849-4645	Invermay R.M. #305
Mr. Adam Shevernoha Arran, Sask. SOA OBO Phone: 595-4787	Livingston R.M. #331
Mr. Mike Babiuk RR#1, Site 2, Box 4, Norquay, Sask. SOA 2VO Phone: 594-2920	Clayton R.M. #333
Mr. William Jakubowski Box 148, Endeavour, Sask. SOA OWO Phone: 547-5490	Preeceville R.M. #334
Mrs. Loreen Last Lintlaw, Sask. SOA 2HO Phone: 325-2148	Hazel Dell R.M. #335

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 6

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Len Harasen Box 1317, Wynyard, Sask. S0A 4T0 Phone: 554-3024 or 554-2586	Town of Wynyard
Mrs. Jean Seidlik Box 412, Foam Lake, Sask. S0A 1A0 Phone: 272-3646	Town of Foam Lake
Mrs. Lana Bolt Box 142, Dafoe, Sask. S0K 1C0 Phone: 554-3250	Village of Dafoe
Mr. Lewis Arnason Box 94, Elfros, Sask. S0A 0V0 Phone: 328-2126	Village of Elfros
Mr. Ernest George Leslie, Sask. S0A 2E0 Phone: 272-3893	Village of Leslie
Mr. Fred Woitas West Bend, Sask. S0A 4M0 Phone: 272-4644	Village of West Bend
Mr. John W. Keyowski Wishart, Sask. S0A 4R0 Phone: 576-2116	Village of Wishart
* Mr. Paul Stan Box 431, Foam Lake, Sask. S0A 1A0 Phone: 272-4234	Foam Lake R.M. #276
Mr. Gerald J. Faye Box 167, Wishart, Sask. S0A 4R0 Phone: 576-2297	Emerald R.M. #277
Mr. William Kereluke Box 237, Wadena, Sask. S0A 4J0 Phone: 338-2738	Elfros R.M. #307
Mrs. Karen L. Olafson Box 1312, Wynyard, Sask. S0A 4T0 Phone: 554-2927	Big Quill R.M. #308

* Regional Board Member

DISTRICT HEALTH COUNCIL No. 7

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
* Miss Kay Boyko #14 - 15 Darlington Street, East., Yorkton, Sask. S3N 0C1 Phone: 783-7659	City of Yorkton

STAFF

Director and Medical Health Officer	- Dr. D.C. Watler
Director of Regional Support Services	- Mr. R. Jones
Senior Clerk Stenographer	- Mrs. M. Montain
Regional Nursing Supervisor	- Miss C. Kerr
Public Health Nurse II	- Mrs. V. Stewart
Senior Public Health Inspector	- Mr. A. Gazdewich
Public Health Nutritionist	- Mrs. M. Hornung
Speech/Language Pathologists	- Mrs. S. Bond-Moore - Miss L. Nolan
Early Childhood Psychologist	- Dr. D. Parker-Loewen
Community Therapists	- Miss S. Grywacheski, Yorkton - Mrs. F. Keil, Esterhazy - Mrs. E. Petrie, Preeceville
Dental Health Educator	- Mrs. W. Griffith (July-Dec/88) - Mrs. D. Uhryn (April-July 15/88)
Chiropodist	- Dr. A.N. Todd
Chiropody Assistant	- Mrs. K. Morgan
Audiologist	- Mr. E. Malazdrewicz

YORKTON

Clerk-Typist II	- Mrs. E. Deneschuk
Clerk-Typist II (Part-time)	- Mrs. P. Duggan
Clerk-Typist II	- Mrs. M. Fedorowich
Clerk-Stenographer II	- Miss D. Kahoot
Public Health Inspector Trainee	- Mr. W. Boychuk (Oct. 7/88)

YORKTON:		
	Mrs. B. Blenner-Hassett	Public Health Nurse I
	Mrs. S. Kozicki	Public Health Nurse I
	Mrs. D. Norman	Public Health Nurse I
	Mrs. B. Rushowick	Public Health Nurse I
	Mrs. J. Zahaik	Public Health Nurse I
MELVILLE		
	Gilda Walls	Clerk-Typist II (part-time)
	Mrs. M. DeBruin	Public Health Nurse I
	Mrs. J. Oucharek	Public Health Nurse I
	Mrs. D. Wotherspoon	Public Health Nurse I
ESTERHAZY		
	Mrs. L. Tochor	Public Health Nurse I
	Mrs. G. Stumborg-Rosin	Public Health Nurse I
	Mr. G. Combres	Public Health Inspector II
CANORA		
	Mrs. D. Korol	Public Health Nurse I
	Mrs. J. Roll	Public Health Nurse I
KAMSACK	Mrs. D. Grywacheski	Public Health Nurse I (maternity leave Oct./88)
	Mrs. B. Broda	Public Health Nurse I (temporary Nov. 7/88)
	Mr. A. Rakochy	Public Health Inspector II
PREECEVILLE		
	Mrs. M. Demetrow	Public Health Nurse I
	Mrs. D. Maksymiw	Public Health Nurse I
NORQUAY		
	Mrs. P. Johnson	Public Health Nurse I
FOAM LAKE		
	Mrs. E. Halyk	Public Health Nurse I
	Mr. R. Fielding	Public Health Inspector II

PHILOSOPHY OF HEALTH REGION NO. 10

The potential ability to achieve total health is a basic human right and of paramount importance in making for a peaceful, productive, and well integrated community. Health means a dynamic state of well-being which is not only the absence of disease but also includes mental, emotional, social and spiritual components. Together, these make up the concept of total health. This healthy state is never static, but has to be maintained by continual satisfactory adaptation to the changing demands and stresses that occur in both the individual and in his total environment.

The health of the individual can never be independent of the health of the community or nation, since the physical, social and economic environments are critical determinants of total health.

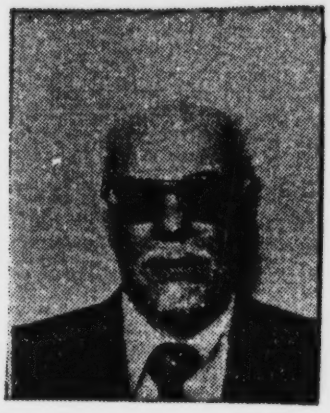
OVERALL GOALS OF HEALTH REGION NO. 10

To organize the resources available to achieve the highest possible level of total health for the greatest number.

To promote, prevent, protect and restore the health of the community so that each individual is capable of realizing his maximum potential of total well-being.

To prevent and alleviate the burden of ill-health not only on a community basis but also in individuals or group situations where applicable.

To achieve these goals, specific objectives with appropriate programs are delivered by the staff of the Health Region.



Dr.D.C. Watler

Director and Medical Health Officer

This report is for the calendar year, ending December 1988, and I am pleased to present certain general highlights during the year as well as some personal activities undertaken.

The year under review was a comparatively stable one for the Health Region. There were minimal staff shortages, and the administration was strengthened by the addition of a Director of Regional Support Services during the year. This officer had immediate administrative responsibilities for the Community Therapy and Chiropody Programs, as well as supervision of the office staff and certain other important personnel and budget control functions. The continuing vacancy for a Public Health Inspector for the Yorkton area made it necessary for the Senior Public Health Inspector to work this busy district while carrying out general supervisory functions at the same time. He performed very admirably in this dual role, and maintained all essential services and functions. This shortage of Public Health Inspectors is nation-wide, and we are satisfied all reasonable efforts are being made to recruit staff.

The "Everyone Wins" program was launched in June of the year, and the Region cooperated in publicizing this health promotion project, and participated in the evluation of grant applications. Many successful applications were made for grants, and the high standard of these applications as well as the general interest shown indicated the communities' desire to become actively involved in health promotion activities. The Director of Regional Support Services was particularly helpful in promoting and advising on many aspects of the program.

Ongoing evaluation of Public Health Nursing programs continued during the year with evaluations of the Vision Screening and Communication Screening Programs undertaken by Public Health Nurses. Resulting from this, certain changes were made to these processes, with every indication that these changes would result in a considerable increase in effectiveness and outcome. A pilot project on the value of the Denver Developmental Screening Test was also carried out in the Region during the year.

The Speakers Bureau on AIDS education in the Community continued to be active during the year and 14 presentations were given on AIDS to various community groups during the year.

A new vaccine to prevent Haemophilus Influenza Type B disease was introduced during the year and given to all children at the age of 18 months.

The following is a brief report on certain personal activities carried out during the year:-

- Inservice education through attendance at the POGO Conference and an up-date on Infectious Diseases - both organized by the University of Saskatchewan. Also attendance and participated at the Annual Meeting of the Saskatchewan Public Health Association in April; the theme of this conference being: "Achieving Health for All" What Does it Mean? This was based on the

excellent discussion paper by the Hon. Jake Epp (Federal Minister of Health and Welfare) on: Achieving Health for All: a framework for health promotion. Copies of this publication were given to all Municipal Health Representatives, and it is gratifying to see the current emphasis on health promotion being given at both the national and provincial levels.

- During the year, I completed giving AIDS education in-services to all the hospitals in the Region where this had not been done before. Universal precautions were emphasized, and a general up-date given on current practices related to the hospital employees' health program. A whole day seminar was also given on this topic to the staff of the Whitespruce Youth Treatment Centre.

- During the year I attended most of the Infectious Control Committee Meetings at the Yorkton Union Hospital and the St. Peter's Hospital, Melville. At Yorkton, a policy manual was developed to deal with Enteric outbreaks, and an in-service was given to relevant staff there.

- As provincial representative, I attended a meeting of the Medical Advisory Committee to the National Atomic Energy Control Board. There are medical advisors from all 10 provinces, and current efforts to improve emergency response to radiation accidents was one of the major issues addressed.

- As a representative of the Department of Health, I attended two meetings of the Radiation Health and Safety Committee. This committee is currently working on a new Radiation Health and Safety Act which will take into account all the recent advances in this area.

- During the year, I continued as Chairman of the Medical Advisory Committee to the Executive Director of Community Health Services Branch, and was responsible for the agenda, and coordinating the work of the provincial Medical Health Officers with those in the two cities, the North and Northern Health Services.

Also I continued to be on the Board of Directors of the Saskatchewan Public Health Association, the Yorkton Unit of the Saskatchewan Cancer Society, and Vice-Chairman of the Medical Advisory Committee to the Saskatchewan Division of the Canadian Cancer Society.

- A somewhat unusual experience was had in giving expert evidence in a Provincial Court on behalf of a Local Board of Health that was undertaking prosecution in a situation that posed a significant health hazard in that municipality.

- During the entire year, I continued to act as Medical Health Officer for the Saskatoon Rural Health Region as it was proving very difficult to recruit a Medical Health Officer. This necessitated considerable travel and time away from Yorkton, but by year-end there was definite hope that this acting would not be lasting much longer. I enjoyed working with the staff of the Saskatoon Health Region, but had to carefully priorize my work so that this Region did not suffer from these extra responsibilities I had to undertake.

I would like to take this opportunity to thank all those members of the news media who cooperated so well in giving publicity to our programs, by providing space in the newspapers, and giving time on Radio and Television. We were given many opportunities to use these media as a means of health education and promotion.

Finally, my sincere thanks to all the staff of this Health Region for their continuing excellent work; and their interest and commitment to duty; their sense of responsibility, and their high level of professionalism maintained at all times. It is indeed a pleasure and privilege to work with such a staff.

Vital Statistics and Communicable Diseases

Table I shows the population of the Yorkton-Melville Health Region by age and sex as given by the mid-1988 SHSP data, and Table II the mid-year total provincial population. These were 80,442 and 1,044,151 respectively including Registered Indians (R.I.). As there were 5,142 R.I.s in the Health Region, the population excluding R.I.s was 75,300, a decrease of 1.3% from 1987, while the R.I. population showed an increase of 4.1%.

Table III gives some comparison of population changes between Health Region #10, the province of Saskatchewan, and the national average. The table also shows that for the first year since 1974, the province had a negative population growth rate. Both Saskatchewan and Health Region #10 have an increasing proportion of persons over 65, and in this Health Region if the R.I. population is excluded, there are now 19.6% of the total non-Indian population over 65 years of age. This compares to 19.2% in 1987, and emphasizes the increasing proportion of elderly in the Region.

For the R.I. population only 2.7% are over 65 years of age.

Figure I shows the organization of the Regional Board and Council. The Regional Health Council meets twice yearly and the Board every second month. Yorkton City alone comprises District Health Council No. 7, and to date there has been no change in District boundaries to give more proportional population distribution between the districts.

Figure II shows the organizational chart for the Region during 1988. The major change is the addition of a post for the Director of Regional Support Services.

TABLE I

POPULATION BY AGE GROUP AND PERCENTAGE
YORKTON-MELVILLE HEALTH REGION - 1988

AGE GROUP	MALE	PERCENTAGE OF TOTAL POPULATION	FEMALE	PERCENTAGE OF TOTAL POPULATION	TOTAL	PERCENTAGE OF TOTAL
0 - 4	2730	3.39	2748	3.41	5478	6.80
5 - 9	3027	3.76	3024	3.75	6051	7.52
10 - 14	3076	3.82	2982	3.70	6058	7.53
15 - 19	3226	4.01	3129	3.88	6355	7.90
20 - 24	3230	4.01	2629	3.26	5859	7.28
25 - 29	2816	3.50	2596	3.22	5412	6.72
30 - 34	2803	3.48	2566	3.18	5369	6.67
35 - 39	2550	3.16	2340	2.90	4890	6.07
40 - 44	2112	2.62	2086	2.59	4198	5.21
45 - 49	1921	2.38	1900	2.36	3821	4.75
50 - 54	1818	2.26	1862	2.31	3680	4.57
55 - 59	1997	2.48	1979	2.46	3976	4.94
60 - 64	2189	2.72	2191	2.72	4380	5.44
65 - 69	2177	2.70	2197	2.73	4374	5.43
70 - 74	1871	2.32	2061	2.56	3932	4.88
75 - 79	1447	1.79	1703	2.11	3150	3.91
80 - 84	881	1.09	1128	1.40	2009	2.49
85 - 89	426	0.52	552	0.68	978	1.21
90+	171	0.21	301	0.37	472	0.58
TOTAL	40,468	50.30	39,974	49.70	80,442	100.00

Total Population: 80,442
Total Youth Dependency Ratio: .366
Total Aged Dependency Ratio: .311
Total Dependency Ratio: .677
Population < 15 years of age: 21.86
Population > 65 years of age: 18.54
Male to Female Ratio of Population: 1.012:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

For Health Region No. 10, this ratio is higher than for the provincial total owing to the greater number of dependent persons 65 years and over.

TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1988

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	43685	41618	85303
5 - 9	43843	41614	85457
10 - 14	40561	38904	79465
15 - 19	40630	38986	79616
20 - 24	44406	42044	86450
25 - 29	48125	46244	94369
30 - 34	45391	43206	88597
35 - 39	37268	35014	72282
40 - 44	29710	28391	58101
45 - 49	23864	23336	47200
50 - 54	22078	21730	43808
55 - 59	22658	22317	44975
60 - 64	21677	22738	44415
65 - 69	19606	21847	41453
70 - 74	16396	19246	35642
75 - 79	11730	14796	26526
80 - 84	7260	9839	17099
85 - 89	3519	5279	8798
90+	1520	3075	4595
TOTAL	523927	520224	1044151

Total Population: 1044151
Total Youth Dependency Ratio: .379
Total Aged Dependency Ratio: .203
Total Dependency Ratio: .582
Population < 15 years of age: 23.96%
Population > 65 years of age: 12.84%
Male to Female ratio of population: 1.007:1

TABLE III POPULATION CHANGES IN SASKATCHEWAN AND HEALTH REGION NO. 10 (1971 - 1988)

(SHSP Covered Population Including Registered Indians)

YEARS	TOTAL POPULATION		PERCENTAGE CHANGE		PERCENTAGE OF POPULATION 65 YEARS AND OLDER		
	H.R.#10	SASK.	H.R.#10	SASK.	H.R.#10	SASK.	CANADA (Stats.Can.)
1971	86,039	938,527					
1972	86,867	934,607	+1.0	-0.4			
1973	85,236	923,181	-1.9	-1.2			
1974	84,126	922,487	-1.3	-0.1			
1975	84,381	931,921	+0.3	+1.0			
1976	85,099	949,463	+0.9	+1.9			
1977	85,242	961,526	+0.2	+1.3	14.3	11.0	
1978	84,838	970,510	-0.5	+0.9	14.8	11.2	9.1+
1979	84,442	976,734	-0.5	+0.6	15.4	11.4	
1980	83,571	982,237	-1.0	+0.6	15.9	11.6	
1981	82,952	990,746	-0.7	+0.9	16.3	11.8	9.7*
1982	83,332	1,000,667	+0.5	+1.0	16.6	11.9	
1983	83,154	1,014,496	-0.2	+1.4	16.8	12.0	10.0+
1984	82,881	1,028,965	-0.3	+1.4	17.2	12.0	
1985	82,262	1,039,249	-0.7	+1.0	17.6	12.3	
1986	81,776	1,041,358	-0.6	+0.2	17.8	12.4	10.7**
1987	81,258	1,045,440	-0.6	+0.4	18.2	12.6	
1988	80,442	1,044,151	-1.0	-0.1	18.5	12.8	
Overall Change (1971-1988)			-6.5	+11.3			

\+ Estimates from Census Data

* 1981 Census

** 1986 Census

FIGURE 1

REGIONAL BOARD AND COUNCIL STRUCTURE AND ORGANIZATION

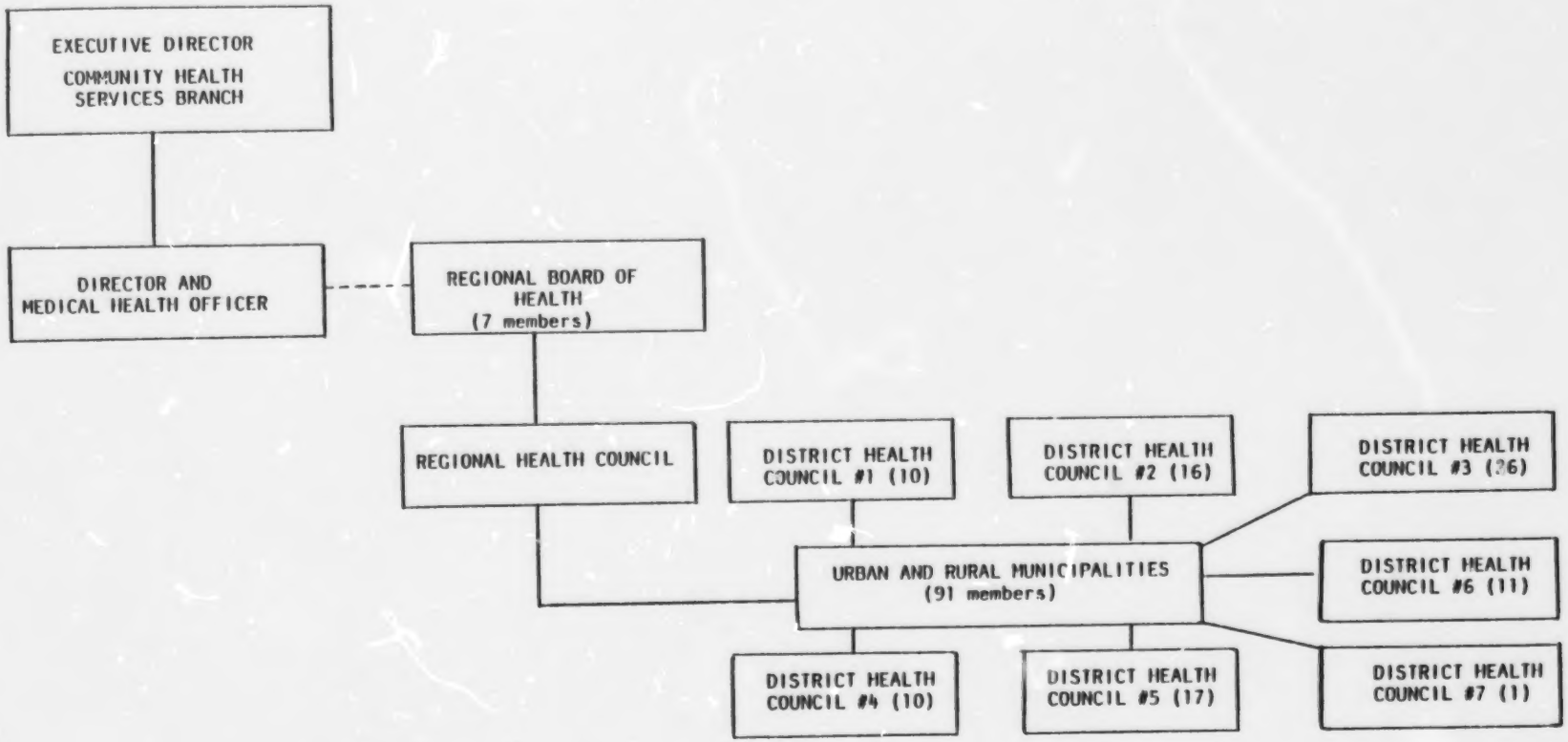
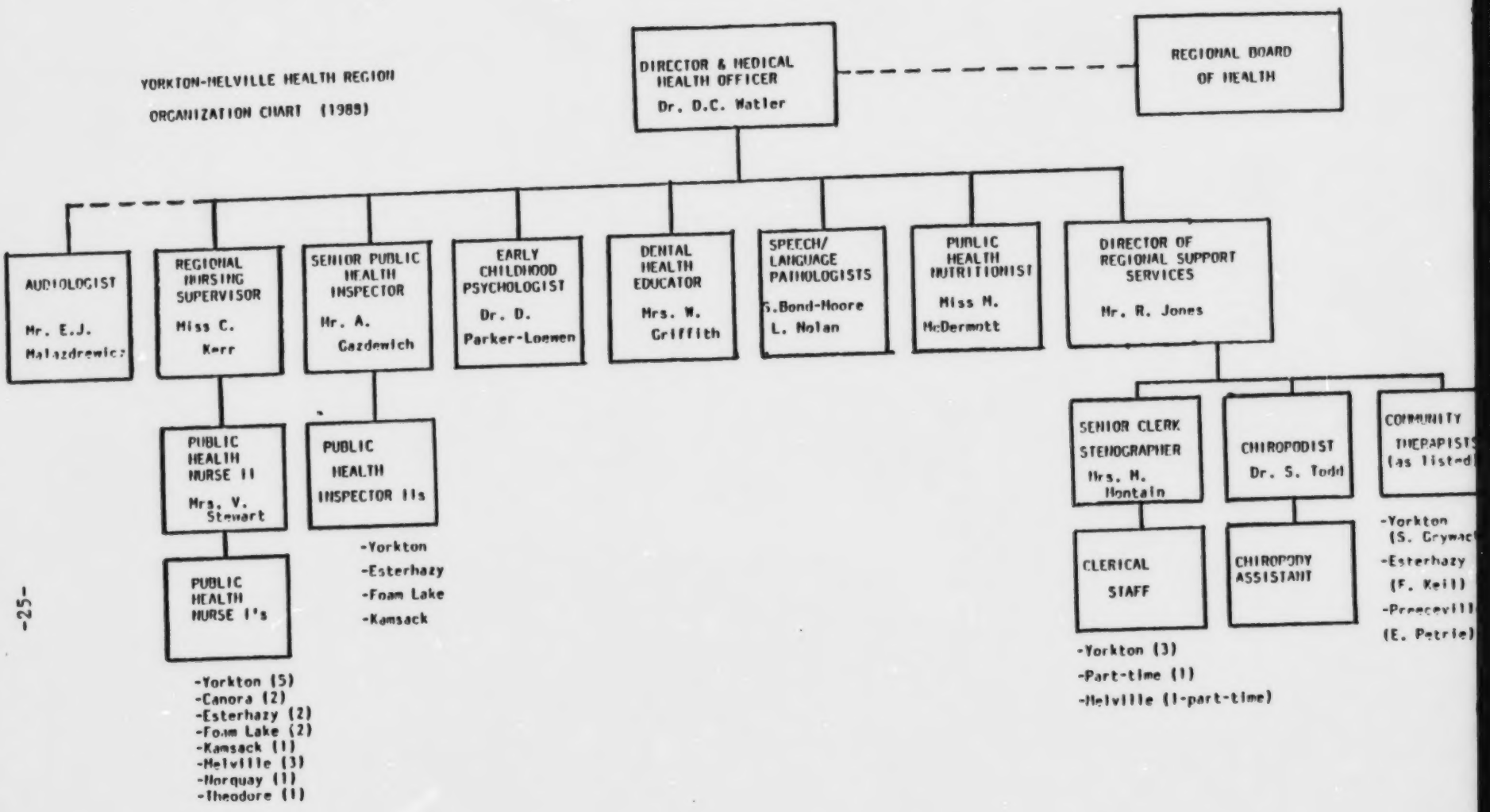

EXECUTIVE DIRECTOR
COMMUNITY HEALTH SERVICES BRANCH
DIRECTOR AND MEDICAL HEALTH OFFICER
REGIONAL BOARD OF HEALTH (7 members)
REGIONAL HEALTH COUNCIL
DISTRICT HEALTH COUNCIL #1 (10)
DISTRICT HEALTH COUNCIL #2 (16)
DISTRICT HEALTH COUNCIL #3 (16)
URBAN AND RURAL MUNICIPALITIES (91 members)
DISTRICT HEALTH COUNCIL #6 (11)
DISTRICT HEALTH COUNCIL #4 (10)
DISTRICT HEALTH COUNCIL #5 (17)
DISTRICT HEALTH COUNCIL #7 (1)

FIGURE II

YORKTON-MELVILLE HEALTH REGION

ORGANIZATION CHART (1988)



Fertility data

Table IV shows births, birth rates and total fertility rates (TFR) from 1961-1988, and compares the figures over time between the Health Region and the province. There was a slight increase in the birth rate and TFR in the Health Region for 1988 compared to 1987 but these indicators of fertility remain considerably less than the rates for the province as a whole, and shows again the effect of the much older population in the Health Region.

An interesting observation on births is that 19.3% of all births in the Region is to unmarried females, while the provincial average is 25.5%. However in this Health Region, 83.5% of births occur to unmarried females in the age group 15-19, while for the province the figure is 85.7% - approximately the same.

Mortality data

Table V shows infant mortality data for the years 1961-1988. No conclusion can be drawn from comparisons year by year, but the general trend shows a continuing steady improvement.

Definitions

As a reminder of what these rates mean, the following definitions are given:

The infant mortality rate is the total number of deaths in infants less than 1 year old per 1,000 live births.

The neonatal mortality rate is the total number of deaths in infants less than 28 days old per 1,000 live births.

The perinatal mortality rate is the total number of stillbirths plus the infant deaths 7 days and less per 1,000 total births (live and stillbirths.

TABLE IV BIRTH AND TOTAL FERTILITY RATES (TFR) FOR HEALTH REGION NO. 10 and SASKATCHEWAN

1961-1988

	HEALTH REGION NO. 10			SASKATCHEWAN		
YEAR	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE
1961	1674	20.7	-	23994	25.9	4,221
1975	1078	13.2	-	15265	16.8	2,219
1976	1135	13.7	-	15969	17.3	2,301
1977	1155	13.6	2,148	16547	17.7	2,267
1978	1151	13.6	2,109	16551	17.5	2,202
1979	1160	13.7	2,107	16977	17.7	2,193
1980	1149	13.7	2,097	17116	17.6	2,144
1981	1163	14.0	2,120	17300	17.8	2,143
1982	1124	13.4	2,013	17759	17.7	2,170
1983	1158	13.9	2,043	17847	17.6	-
1984	1063	12.8	1,900	18014	17.5	2,108
1985	1125	13.7	2,047	18162	17.5	2,094
1986	1062	13.0	1,952	17513	16.8	1,986
1987*	907	11.2	1,693	17007	16.3	1,950
1988 *	915	11.4	1,741	16700	16.0	1,947

Definition: Total Fertility Rate represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A total fertility rate of 2,100 is just the population replacement level and means that the average number of children born to a hypothetical cohort of women is 2.1. As more males are born than females this corresponds approximately to a gross reproductive rate of 1,000 which means 1 female child per family.

Birth Rate is the number of live births per 1,000 population. This is a less reliable indicator of fertility as it does not take into account the age differences in the child bearing population.

- Not available
* Provisional Figures

TABLE V INFANT MORTALITY DATA, HEALTH REGION #10, COMPARED WITH SASKATCHEWAN

	HEALTH REGION #10						SASKATCHEWAN					
Year	Infant Deaths < 1 year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate
1961	43	25.7	23	13.7	-	-	618	25.8	395	16.5	-	-
1974	21	18.9	17	15.3	-	-	313	20.7	191	12.6	341	22.3
1975	12	11.1	7	6.5	-	-	272	17.8	164	10.7	280	18.2
1976	9	7.9	7	6.2	-	-	229	14.3	139	8.7	269	16.7
1977	14	12.1	9	7.8	-	-	249	15.0	156	9.4	295	17.7
1978	13	11.6	7	6.1	-	-	236	14.3	151	9.1	274	16.4
1979	14	11.2	10	8.6	18	15.4	189	11.4	121	7.1	242	14.2
1980	11	9.7	6	5.2	13	11.2	193	11.3	102	6.0	221	12.9
1981	14	12.0	9	7.9	18	15.4	203	11.8	112	6.5	230	13.3
1982	5	4.5	2	1.8	7	6.3	181	10.2	110	6.1	191	10.7
1983	9	7.8	3	2.6	10	8.7	177	9.9	102	5.7	185	10.3
1984	14	13.2	6	5.6	12	11.2	169	9.4	101	5.6	214	11.8
1985	5	4.4	1	0.9	12	10.6	200	11.0	123	6.8	207	11.3
1986	7	6.7	4	3.9	10	9.6	157	9.0	95	5.4	145	8.3
1987 *	7	7.7	3	3.3	8	8.8	148	8.7	84	4.9	128	7.5
1988 *	7	7.7	5	5.5	6	6.5	140	8.4	85	5.1	123	7.3

* Provisional Figures

- Not available

Of the 7 infant deaths that occurred in 1988:-

- 3 occurred in the first day of life; 2 of these were congenital defects incompatible with life and the other from a precipitate delivery
- 2 died from the Sudden Infant Death Syndrome (SIDS)
- 1 from the respiratory distress syndrome
- 1 from asphyxia

Congenital defects and the SIDS continue to comprise the majority of infant deaths, and are largely unpreventable.

Total number of deaths

There were 796 deaths in the Region in 1988, compared to 812 for 1987. For the province as a whole there were 8,084 deaths, compared to 7769 in 1987. These are provisional data, and no conclusion can be drawn from the data on a yearly basis. The main causes of death remain the same, but meaningful changes can only be assessed over a 5 year period at the very least.

Communicable Diseases

Table VI shows the incidence in certain important communicable diseases in the Health Region from 1976 - 1988.

Measles:

Only 2 cases were confirmed during the year, and shows a considerable reduction from the outbreak that occurred in 1986.

Salmonellosis:-

The usual endemic level was maintained; no outbreaks or clustering of cases occurred and the cases reported were sporadic and not traceable to any specific source.

The sero types responsible were as follows:-

Salmonella typhimurium - 3
Salmonella hadar - 3
Salmonella St. paul - 3
Salmonella enteritidis - 2
Salmonella infantis - 1
Salmonella agona - 1
Salmonella heidelberg - 1
Salmonella pomona - 1
Salmonella schwarsengrund - 1
Salmonella bradenburg - 1

An interesting observation was the finding of Salmonella pomona in a child who had a pet turtle, with the same salmonella being isolated from the tank where the turtle was kept.

Shigellosis:-

The usual low endemic level was maintained. Two were due to S. Flexneri, and one to S. Sonnei.

Campylobacteriosis:

There was a continuing increase in the number of these cases occurring and this is one of the commonest causes of infectious diarrhoea. No specific outbreaks occurred, but in nine of these 27 cases, the affected individual had been consuming raw unpasteurized milk. This is one of the commonest causes of campylobacter infection and it cannot be emphasized too much that unpasteurized raw milk should never be drunk.

Gonorrhoea:

There was a significant reduction in the number of these cases reported in 1988; whether or not this truly represents a lower incidence of this disease will have to await the findings in the next few years.

Chlamydial genito-urinary infections

These are now the commonest Sexually Transmitted Diseases (STDs) and 63 of these cases were reported during the year; of this total 8 are presumed false positive Chlamydiazyme results giving a total of 55 genuine cases in 1988:

Of these 55 cases:-

- 12 had their contacts satisfactorily traced by the Public Health staff
- 18 had contacts identified by their physicians and these physicians traced and treated the contacts
- 25 cases did not have a contact named or the patient refused to name a contact.

There is ongoing research in the tabulation and analysis of chlamydial infections in the province and all Regions are now endeavouring to do more active contact tracing. The widespread prevalence of chlamydial infections is now well recognized, and it is particularly prevalent in sexually active teenaged girls. In the province as a whole 3,502 cases were reported in 1988 of which 76% were in females. Of the 2,658 occurring in women, 33% were in the 15-19 age group.

Viral gastroenteritis

The numbers continue to increase quite markedly each year, but this probably represents more cases of diarrhoea in children having their stools examined for viruses, and improving laboratory facilities for isolation. Many of these cases used to be diagnosed as "gastric flu" and no stool specimens submitted for examination.

Of the 114 cases reported:

- 49 were due to enteroviruses, not further typed
- 35 to enteric adenoviruses
- 15 to rotaviruses
- 15 to picornaviruses

TABLE VI INCIDENCE OF CERTAIN COMMUNICABLE DISEASES - HEALTH REGION NO. 10

1976-1988

DISEASE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
Gonorrhoea	56	46	35	24	31	38	29	27	24	32	23	24	7
Syphilis	4	5	4	0	1	1	0	0	2	3	1	3	3
Hepatitis A.	0	11	1	5	6	2	4	4	90	83	17	4	2
Hepatitis B			1	1	1	1	0	0	0	8	2	2	7*
Hepatitis nonA nonB									2	2	5	1	2
Salmonellosis	18	7	10	23	14	15	7	93	21	16	25	17	17
Measles	22	26	14	68	39	5	0	0	0	6	69	8	2
Rubella	0	0	1	17	8	0	0	0	0	0	1	0	0
Pulmonary Tuberculosis	21	2	3	1	11	5	2	2	1	9	2	1	2
Shigellosis (Bacillary Dysentery)				2	13	33	8	1	4	1	41	3	3
Meningitis				11	8	17	13	4	4	4	3	5	5**
Giardiasis							8	13	38	46	46	58	42
Campylobacter infection									5	13	19	23	27
Viral Gastroenteritis									40	62	40	61	114
Chlamydiazyme reactive												57	63

* Of these 7, 4 were carriers

** 5 meningitis cases (two due to Haemophilus influenza, and 3 Viral Infections)

Rabies

Table VII gives information on the number and type of animals examined for rabies in 1988 comparing this with previous years. Far fewer animals were examined in 1988 compared to 1987; sixty-six in 1988 and one hundred and ninety-nine in 1987. As usual skunks were the animals most often examined, and most likely to be rabid. The fewer number of skunks examined in 1988 does not necessarily indicate any reduction of rabies in the skunk population, as the percentage found to be rabid of those examined, remains high.

Exposure to a rabid cat resulted in 8 persons having to receive vaccine. The cat had not bitten or scratched anyone, but had been handled and petted by many persons. There was considerable alarm about this incident, as no rabies had occurred in that part of the Region for many years.

There were many incidents of persons (especially children) being bitten by stray dogs and cats that were not available for examination. This occurred mainly in the summer months, and emphasizes the need for parents to educate their children not to approach or pet stray dogs and cats. This practice is particularly hazardous on farms, as these stray animals may not only be rabid but can also cause serious injury from bites and scratches.

As usual, the Federal Veterinarian and his staff from Agriculture Canada cooperated fully with the Department in investigating all animal bites, and their help and expertise are greatly appreciated.

Table VIII shows certain comparison of important Communicable Diseases between Health Region #10 and the Province of Saskatchewan. Data for the Canadian total population is not yet available. As usual, caution is needed in interpreting these data owing to interregional and provincial variations in reporting.

TABLE VII

RABIES - 1984-1988

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN BITE				
	1984	1985	1986	1987	1988	1984	1985	1986	1987	1988	1984	1985	1986	1987	1988	1984	1985	1986	1987	1988
Skunk	5	7	10	100	17	5	5	7	23	15	100	71	70	23	88	-	-	-	-	-
Cat	11	13	18	32	25	-	-	2	2	2	-	-	11	6	8	-	-	1	-	-
Dog	17	20	14	18	12	1	-	-	-		6	-	-	-	-	-	-	-	-	-
Bovine	2	3	14	16	5	-	-	2	-	-	-	-	14	-	-	-	-	-	-	-
Coyote	2	-	-	4	*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Porcupine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fox	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Goat	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Racoon	-	-	-	13	1	-	-	-	1	-	-	-	-	8	-	-	-	-	-	-
Gopher	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bat	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Squirrel	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chipmunk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mouse	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rat	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Muskrat	2	2	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabbit	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mole	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lamb	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Elk	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mink	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deer	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ferret	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Horse	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gerbil	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	41	51	62	199	66	6	5	11	26	18	14.6	10.0	17.7	13.1	27.3	-	-	1	-	-

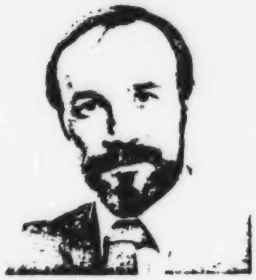
15 cases received post exposure vaccine:
-8 from exposure to a rabid cat
-3 from bites by stray cats that disappeared
-3 from bites from a stray dog
-1 from a skunk that escaped

TABLE VIII

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES
(1983-1988) RATES / 100,000 POPULATION

DISEASE	1983			1984			1985			1986			1987			1988		
	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA
Gonorrhoea	32.5	200.0	178.1	29.0	176.0	169.0	38.9	182.6	149.4	28.1	166.8	133.0	29.5	170.6	105.0	8.7	126.8	
Syphilis	0	0.9	4.3	2.4	2.7	11.6	3.6	1.8	8.5	1.2	0.4	8.0	3.7	0.6	8.2	3.7	0.9	
Hepatitis A	4.8	13.7	5.0	108.6	75.5	9.6	100.9	83.1	9.7	20.8	27.6	5.2	4.9	11.9	3.8	2.5	10.5	
Hepatitis B	0	16.5	7.6	0	18.8	7.0	9.7	13.8	7.9	2.5	12.3	8.3	2.5	16.8	9.4	8.7	12.4	
Salmonellosis	111.8	82.4	35.9	25.3	48.1	43.3	19.4	19.1	29.6	30.6	30.4	38.9	20.9	35.8	42.5	21.1	30.0	
Measles	0	0.2	3.7	0	0.9	16.4	7.3	1.1	10.9	84.4	39.6	58.8	9.8	8.9	8.2	2.5	1.6	
Rubella	0	8.1	30.0	0	3.0	7.2	0	2.6	9.0	1.2	22.1	9.3	0	3.2	4.4	0	0.7	
Pulmonary Tuberculosis	2.4	10.5	7.7	1.2	10.1	7.7	13.4	11.9	6.4	2.5	8.6	6.1	1.2	12.4	6.2	2.5	10.7	
Shigellosis	1.2	27.1	7.2	4.8	31.5	7.9	1.2	24.2	4.9	50.1	48.3	5.5	3.7	23.0	5.1	3.7	17.6	
Giardiasis	15.6	10.8	18.3	45.8	24.7	26.2	55.9	20.7	28.0	56.3	26.5	32.2	71.4	64.6	33.8	52.2	74.1	
Campylobacter										23.2	25.4	38.1	28.3	35.5	39.3	33.6	28.3	

* Not available



Mr. Ray M. Jones

Director of Regional Support Services

This report is the first annual report of the Director of Regional Support Services, and is respectfully submitted to the Yorkton-Melville Regional Board of Health, Dr. D.C. Watler, and Colleagues.

The introduction of this position to the region gave rise to some doubt as to functions. This was most likely because it introduced a management change and the circulation of a tentative job description which described some duties which were performed by other staff. The reasons for the creation of the postiion are reflected more in the responsibilities of the position. Key responsibilities of the position include providing management support to the Medical Health Officer and administrative supervision to the Chiropody and Community Therapy Programs.

Being new to Community Health Services Branch, I was unsure what to expect, but during the past six months have found staff members very helpful and the challenge of a new job stimulating.

An aspect of the job which I have enjoyed is being of service to a very active Regional Health Board, whose chairman (Mr. Wintonyk) and Dr. Watler have been forces in encouraging interest and setting goals. I look forward to being of further service to the board and council in 1989.

Highlights

Everyone Wins Community Grants

This year the "Everyone Wins" health promotion campaign was launched. The program, in its effort to involve groups outside of government in this health promotion, instituted the "Everyone Wins Community Grant" Program. Community groups, service clubs, and boards were encouraged to support "Everyone Wins" with a health promotion project which could be funded up to $1,000. My involvement became extensive as various community groups were provided with grant applications and information on completing the forms, evaluation of the applications and promotion of the program.

Cheryl Mogg, Community Co-ordinator for the "Everyone Wins" program appeared on Radio, Television and newspapers in the Yorkton area with me for Program Promotion.

One disappointing note to the grant program was the lack of involvement of the Regional Boards. The Board members could be a very effective evaluation and promotional factor in the program.

Computerization Study

During the late fall I was privileged to work with my counterpart from the Regina Rural Region, Mr. Gary Benz, to report on the introduction of micro-computers to Regional offices. A final report was submitted to Mr. Lynn McCaslin, Director of Support Services on December 15, 1988.

The report identifies stages of introduction, uses, future uses, preferred model, specifications and complete costing to the Branch by Region. We can only hope that by the time this annual report is in circulation, the report has been accepted and Community Health Services Branch has entered the micro-computer decade (the 80's), 'Better Late than never'.

Space and Accommodation

Space and accommodation of the staff and programs seems the focus of concern for the Regional Office. The addition of Chiropody, Community Therapy, and this position has taken its toll on available space. The prospects of major renovation involving the consolidation of the Saskatchewan Hearing Aid Plan Clinic and joint reception area is still just an idea, but very encouraging.

Activity towards improving space included submission of estimated requirements by program, two visits by administrative staff from Central Office, and rationalization actions on inactive storage, pamphlets and others.

1989 - Looking Forward

Some objectives that can be accomplished with the support of Central Office and fellow staff members for the upcoming year include:

- Rationalization and modernizing the Melville office telephone system
- Put into action ideas and suggestions from the "Serving People First" committees.
- Expand my role to assist the board and council with community initiatives
- Introduce micro-computing to the Regional Office.

PUBLIC HEALTH NURSING

Miss C. Kerr
Regional Nursing Supervisor

1988 was another eventful year for Public Health Nurses. As the Regional Nursing Supervisor, it is rewarding to have Public Health Nurses incorporate the many changes as a team, with enthusiasm and commitment. This was evident throughout the year with changes both in programs and personnel.

Staff Changes

A provincial review of nurse population ratio resulted in the loss of three Public Health Nurse I positions from our Health Region. These will be reassigned to other regions on the basis of attrition.

In February, Marilyn Miller, Public Health Nurse I, Foam Lake transferred to the Saskatoon Rural Health Region. The elimination of this position resulted in redistribution of Public Health Nursing districts.

Debora Grywacheski, Public Health Nurse I, Kamsack, Edith Kimber, Public Health Nurse I, Foam Lake, and Doris Maksymiw , Public Health Nurse, I Preeceville commenced maternity leave in 1988. Barbara Broda has been hired on a temporary basis for Kamsack District but we have been unsuccessful in recruiting a Public Health Nurse I for the Foam Lake area.

The Theodore district office was relocated in November into the new integrated facility, The Theodore Union Hospital and Heritage Special Care Home Incorporated. We appreciate sharing this new improved space and being a part of the total health care concept.

Uniforms

Following a request by the Provincial Public Health Nurses, and discussion with Community Health Services Branch, it was decided to discontinue the uniform regulation requiring Public Health Nurses to wear navy-blue. The majority of Public Health Nurses were pleased with this decision as it allows for more individuality and flexibility.

Passport to Health Program

The Passport to Health Program is offered to infants and preschoolers at 32 Child Health Conference Centres in the Region. This program consists of core elements provided at various ages in the 0-4 year old group: physical assessment, nutrition assessment, developmental assessment, vision screening, hearing screening, speech and language screening and immunization.

Generally our attendance at CHC is good. A problem does exist at times when a number of people do not show up for appointments. Over the year 1688 appointments not kept caused a considerable loss of nursing time.

Programs that were evaluated and/or revised are as follows:

(1) Communication Screen

The Communication Screen is used to identify three year old children with possible speech and language defects. This program was evaluated in 1986 and resulted in the formation of a committee to make recommendations regarding the program. It was decided to develop a communication questionnaire to replace the communication screen in place at the time.

Prior to the implementation the questionnare was piloted in the Yorkton-Melville Health Region and Saskatoon Rural Health Region in 1988. The Public Health Nurse involved in the pilot study were pleased with the tool. It will be implemented Provincially April 1, 1989, and will be evaluated in the same year.

(2) Vision Screen

Following the evaluation of the vision screening program in 1986 a committee was appointed, consisting of three eye-care specialists, Medical Health Officer and Nursing Consultant. The committee was to assess the results of the evaluation and make recommendations for change to the program. The Public Health Nurses were oriented to the changes in December, 1988, and will be implementing the revised program January 1, 1989.

(3) Denver Developmental Screen

The Denver Developmental Screening Test (DDST) was implemented in the early 1970's. Public Health Nurses use it as a screening tool to aid in the early identification of children with developmental delays. An evaluation of the DDST was carried out provincially from January 1st - June 30th, 1988. The results of the evaluation were inconclusive and a recommendation to either continue with the DDST or to investigate alternative screening methods will be forthcoming.

(4) School Health

The School Health Program is now under review. Current services include immunization, vision and hearing screening, and health education. Pediculosis, an on-going problem in our Region, causes much concern and anxiety for parents and teachers. As a result, much nursing time is spent in screening school aged children and consulting with parents and teachers re treatment and surveillance.

In 1986 information sheets on immunization were provided to parents of preschool children. We have not extended this to school age children and adults who are receiving immunization. This is to ensure that individuals are well informed, and have an understanding of the immunization to be received. It is on this basis that an informed written consent for immunization is given prior to the procedure.

(5) Communicable Disease Control

Immunization continues to be a major part of any disease control program. The Public Health Nurse attempts to reassure parents of the importance of early and complete immunization. This is very necessary considering the media attention on the problems of reaction to vaccine. The controversy over the pertussis component of DPT have created anxiety and concern among parents. In Public Health, it is necessary that protection against whooping cough be maintained at a level to prevent major outbreaks of the disease and its complications.

(6) Haemophilus Influenzae type b

Haemophilus influenzae type b (Hib) are bacteria which cause serious illnesses, especially in children under the age of five, the most serious being meningitis. The Haemophilus b conjugate vaccine was licensed in Canada in 1988 for use with children under 2 years of age. We incorporated this vaccine into our regular immunization program in June 1988. It is currently being offered to children at 18 months of age.

The Medical Advisory Committee developed an addendum to the Nursing Immunization Protocol. The addendum included information on the transporation and storage of biologicals, treatment of anaphylaxis and reporting of adverse reaction.

(7) Alvin Buckwold Clinic

Yorkton Office provided facilities and assistance to a 2-day Alvin Buckwold Clinic held in April, Wascana Hospital participated for one day. This was the first time we have had a joint clinic with the two agencies. A total of 33 children were assessed by a team of physiotherapists, physicians, psychologists, speech/langauge pathologists and nutritionists. The purpose of the clinic was to assess and review the present development of children with a variety of physical and developmental handicaps. Treatment and rehabilitation regimes were planned for each child. These clinics are very valuable and greatly appreciate the skilled co-ordinated services provided.

(8) Early Childhood Committee

The Early Childhood Committee (ECC) meets every second month to discuss children with problems. The team includes the various disciplines involved with preschoolers. This year we rotated our meetings to the various district offices thus including the Public Health Nurse I's., who were currently working with the child and family. The meetings are helpful in the coordinating and planning of services for preschoolers, as many are receiving services from different agencies and disciplines.

In October, the ECC Team organized a one-day workshop "Children Learn Through Doing". It was directed to personnel working with preschool children in our Health Region. The 42 in attendance felt the workshop was very helpful and beneficial. We are currently planning to hold a workshop on a yearly basis.

(9) Student Field Experience

The Public Health Nurses provided 4½ weeks of Community Health field experience for 8 students from the College of Nursing. This year the student was assigned specifically to a Public Health Nurse who was responsible for the immediate supervision, teaching, and evaluation of the student. Both the Public Health Nurses and students viewed the "Buddy" system very positively although it was very demanding of the Public Health Nurses' time.

Three post basic R.N. Degree students were also present in the Health Region for a two-week experience.

(10) Staff Conference

Nursing Staff Conferences are held six times a year, which provide the Public Health Nurses with an opportunity to review program changes, to update on current health practices, and to share with one another.

In May, eight Public Health Nurses attended the one-week Continuing Education for Public Health Nurses in Practice Conference at the University of Saskatoon This workshop is held yearly with Public Health Nurses rotating attendance every three years.

(11) Data Collection

Documentation and collection of statistical data are important elements of any program. As such, the ways in which this is done requires on-going revision and updating. We experienced a "leap forward" in this area in 1988. As of July, statistics from Child Health Conferences and Prenatal Classes have been entered into a centralized computer in Regina. This should result in reduction of the secretarial time required to complete statistics at the Regional level.

We look forward to the time when the information from all other programs are computerized and readily available.

I would like to express my sincere appreciation to the Public Health Nurses for the high quality of service they have provided throughout the year.

On behalf of the nursing staff, thanks to Dr. Watler for his guidance, and all Health Region staff for their co-operation and support.

Statistical Information - Public Health Nursing

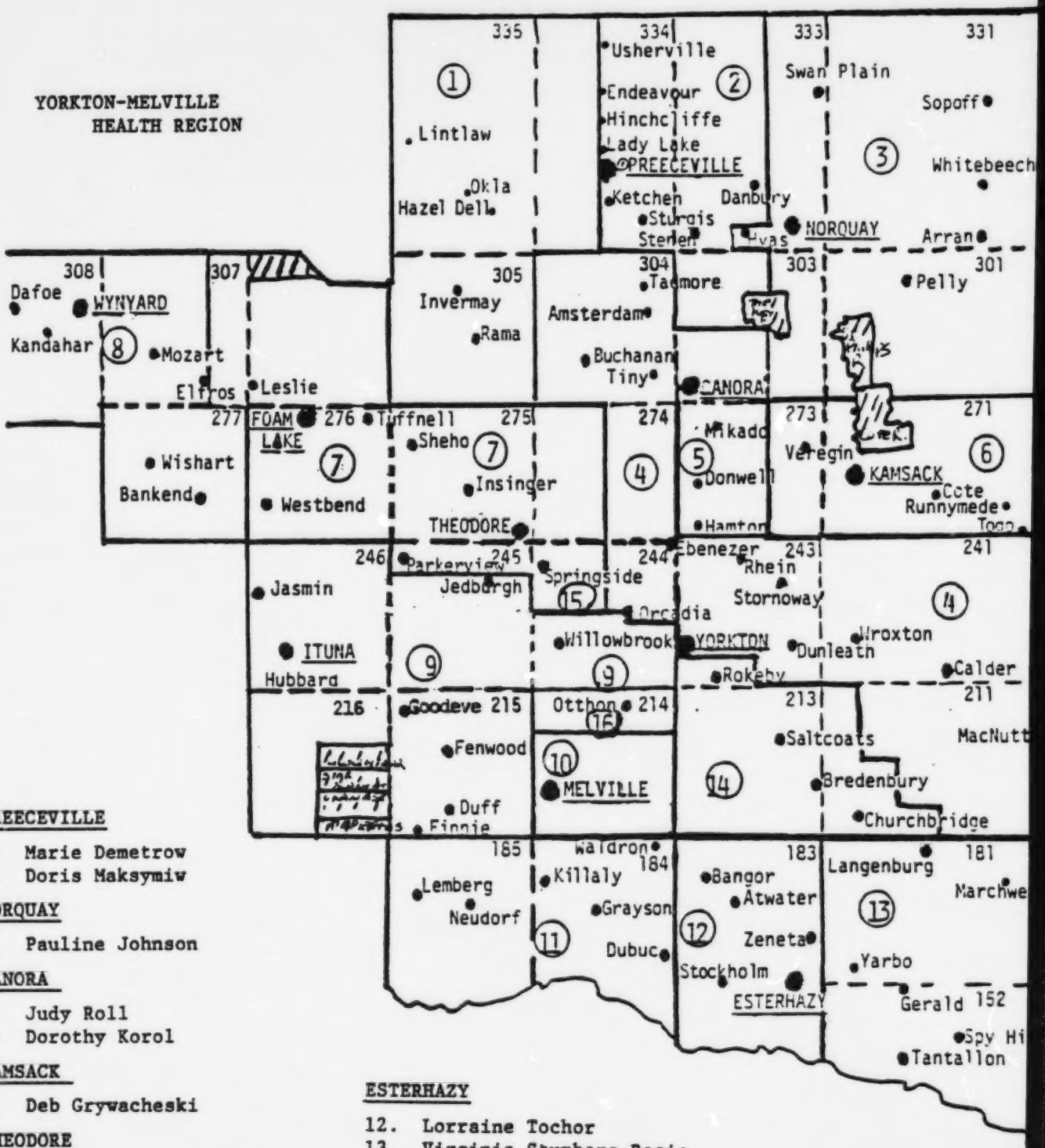
	1986	1987	1988
Number of Nursing Days	3755 3/4	3894	3688
Home Visits	4385	4682	3904
Prenatal Program			
Home Visits	138	147	117
Number of Classes	145	155	140
Total Attendance:			
Mother	984	1023	917
Father/Coaches	762	830	813
Postnatal Program			
Home Visits	887	787	771
Preschool Health Service			
No. of CHC Appointments available		9530	8693
No. of CHC Appointments made		8293	7530
No. of CHC Appointments kept		6775	5921
No. of CHC Appointments not kept		1518	1688
Total Attendance CHC			
Infants	2753		
Preschool	3751		
Total number seen	6504	6775	

This does not include visits to Child Health Centre for immunization only and for second screening which do not require a 30-minute appointment.

Home Visits			
Infant	887	810	644
Preschool	1456	1257	1160
School Health			
Immunization: DPT, DT, Td	1661	1635	846 *
OPV	1700	1642	853 *
MMR	318	417	207 **
Follow-up Counselling	3658	3281	
Health Education	737	1092	
Discussed with Parent	1549	1432	1291
Home Visits To:			
Adults Over 65	1064	1125	1169
Adults Under 65	1041	1014	956
Mentally Handicapped	42	84	
Physically Ill	164	163	
Communicable Disease follow-up	341	215	427
SAIL Home Visits	808	957	

* Reduced numbers of DPT, OPV in 1988 reflect the completed change from 15-year old boosters to 14-years of age. During transition, two age groups were being immunized. In 1988, only 14-year olds were immunized.

** MMR to school age-11 year old girls are fewer because of routine MMR at 1 year of age.



PREECEVILLE

1. Marie Demetrow
2. Doris Maksymiw

NORQUAY

3. Pauline Johnson

CANORA

4. Judy Roll
5. Dorothy Korol

KAMSACK

6. Deb Grywacheski

THEODORE

7. Lynne Wunder

FOAM LAKE

8. Edith Kimber

MELVILLE

9. Debora Wotherspoon
10. Joan Oucharek
11. Mavis DeBruin

ESTERHAZY

12. Lorraine Tochor
13. Virginia Stumborg-Rosin

YORKTON

Rural:

14. Dianne Norman
15. Joyce Zahaik
16. Bonnie Blenner-Hassett

City:

15. Joyce Zahaik
16. Bonnie Blenner-Hassett
17. Sandi Kozicki
18. Bonnie Rushowick
19. Vivianne Stewart
    Public Health Nurse II
20. Carol Kerr
    Regional Nursing
    Supervisor

PUBLIC HEALTH INSPECTION

Mr. A. Gazdewich

Senior Public Health Inspector

The 1988 Public Health Inspection Program continued to emphasize the importance of education, together with administration of provincial regulations, municipal bylaws and policies regarding a wide range of environmental conditions throughout the region.

Staff:

Our staff complement is unchanged from 1987 consisting of three Public Health Inspector IIs and one Senior Public Health Inspector. Mr. Anton Rakochy,. Kamsack, Mr. Gilbert Combres, Esterhazy, Mr. Roger Fielding, Foam Lake, and Mr. Athen Gazdewich, Senior Public Health Inspector in Yorkton. The Public Health Inspector II position for the Yorkton inspection district remains vacant. We are encouraged having Mr. Warren Boychuk, Public Health Inspector Trainee completing his field training in our Region and are hopeful that he will be filling the vacant Public Health Inspector position when he completes his final exam in February 1989. Having Nick Catchuk, retired Public Health Inspector back for three months was appreciated and helpful in providing coverage of facilities that our regular staff were not able to cover because of shortage of time and also providing coverage of districts while Public Health Inspectors were away on annual vacation leave.

Program:

Generally, priority was given to the facilities that required a license or permit to operate. Monitoring of food handling establishments was emphasized in the overall program. Food establishments including restaurants, concessions, grocery stores, bakeries, butcher shops, abbatoirs and food warehouses were inspected on a routine basis or as a result of complaints. Bacteriological testing of multi-use utensils in liquor licensed premises and selected eating establishments were also completed.

Accommodation

Inspection of hotels, motels, mobile home parks as well as demand inspection and reports required by other agencies such as group homes, approved homes and Day Care Centres were completed. Testing of Urea Formaldehyde on request was continued in private homes as well as investigation into housing complaints which in some cases led to placarding. Microwave testing in commercial kitchens as well as on request in private homes was an area Public Health Inspectors were involved in.

Recreational Facilities:

With the growing interest in recreation, sports facilities required our involvement to ensure that sanitary and safety standards in facilities such as swimming pools, rink facilities and public playgrounds were maintained. Carbon monoxide testing in rink facilities was continued.

Swimming pools, whirlpools and water slide facilities were inspected on a routine basis to ensure compliance with provincial regulations.

Inspection and testing of plumbing installations as well as inspection of private sewage disposal systems were made.

An area of significant concern and involved considerable time of the Medical Health Officer and the inspectional staff was the keeping of pigeons in a private home in an urban centre. Community health services staff were subsequently subpoenaed to appear in court to provide evidence. The owner was issued a probationary court order prohibiting him from keeping pigeons in his home and giving the Town authority to complete inspections to ensure the order was complied with. Although some improvement has been noted, it has been necessary to continue surveillance as the problem has not been completely resolved.

A survey of all municipalities is in the process of being completed in an attempt to establish which municipalities have building inspectors and if building inspection services are provided. This is the result of the implementation of the Saskatchewasn Building Code which requires changes in enforcement of the plumbing regulations in determining the number of plumbing fixtures required in public facilities. This becomes the responsibility of the Building Code.

Educational Programs

The National Sanitation Program continues to be well received and we are pleased with the assistance we are receiving from the Municipal Health Representatives in helping to organize courses within our Region. We anticipate an even greater demand for training programs as the new Eating Establishment Regulations require every holder of a license to operate a Public Eating Establishment to have successfully completed a course in food sanitation.

Six training courses were conducted in 1988 with approximately 115 persons in attendance.

Swimming Pool Courses - Level 1

There were two courses held in our Region - one jointly with the Saskatchewan Recreational facilities Association and one by Regional Staff with a total of 19 people in attendance.

Health Topic

Public Health Inspectors continued to be involved in Health Topic presentations. A variety of topics of interest were presented.

The Continuing Education Course at Saskatoon was attended by two Public Health Inspectors from this Region.

In conclusion, I would like to thank the Public Health Inspectors for their extra effort they have given to provide the inspectional coverage while being short staffed. I would also like to thank Dr. Watler, the clerical staff and all the other staff for their continued support.

NOTE:

Public Health Inspector statistics for 1988 are not available.

SPEECH/LANGUAGE PATHOLOGY

LORI NOLAN

SPEECH/LANGUAGE PATHOLOGIST

SHARON BOND-MOORE

SPEECH/LANGUAGE PATHOLOGIST

The purpose of the Community Health Services Branch Speech/Language Pathology Program is to provide leadership in the early identification, early intervention, and prevention of communicative disorders. Acceptable program activities, broadly stated, will include:

1) diagnostic, direct and indirect therapeutic, counselling, and consultative services, primarily to the preschool population
2) preventive programs in the form of public awareness of communication processes and disorders to encourage early detection and intervention of communicative difficulties and to foster normal development
3) professional development to enhance clinical knowledge and skills in providing a high quality service to clients and the community

4) participation in research programs designed to benefit the communicatively handicapped in Saskatchewan

The Speech/Language Pathology Program of the Yorkton-Melville Health Region #10 has remained relatively stable in 1988. Miss Nolan continued to provide weekly services to Yorkton, Canora and Foam Lake, and Ms. Bond-Moore to Yorkton, Esterhazy and Melville.

The Speech/Language Pathologists consulted with staff of Parkland Early Childhood Intervention Program, Inc., Saskatchewan Ability Council, SIGN Day Care, Yorkton Union Hospital, Canora Union Hospital, St. Peter's Lutheran Care Home, Melville Wynayrd Developmental Centre, and Wynyard Union Hospital. The bulk of their work continued to be directed toward the preschool population with a limited amount of service to adults.

Ms. Bond-Moore and Miss Nolan attended the following meetings and workshops:

1) Community Health Services Branch Speech/Language Pathologist meetings of March 24 and 25, June 16 and 17, September 15 and 16,. and December 8 and 9, 1988.

2) At the request of the Parkland Early Childhood Intervention Program Board, the monthly Admission and Review Committee Meetings.

They also participated in the following activities:

1) Alvin Buckwold Travelling Clinic, April 27 to 28.

2) Orientation to Public Health Nurse I's to the field test of the Communication Questionnaire - June 20, 1988.

3) Hanen refresher course for Parkland Early Childhood Intervention Program staff on September 9, 1988.

4) Preschool Workshop - October 22, 1988

5) Assessment Blitz in the Weyburn-Estevan Health Region - October 24-27, 1988

6) Health Topic spots - CKOS-TV.

Miss Nolan also attended the following meetings:

1) Interaction '88 - May 6,7,1988

2) Hanen Workshop - June 2-4, 1988

She also made the following presentations:

1) Saskatchewan Association of Speech/Lasnguage Pathology and Audiologists - October 1, 1988.

2) Interagency Meeting - October 4, 1988

3) Hanen Course for Day Care staff - December 5,12,22, 1988

Ms. Bond-Moore made presentations to the following:

1) Teen Parent Program - April 20, 1988

2) St. Paul's Lutheran Care Home Nursing Staff on "Communication and the Aging" - May 13, 1988

3) Special identification and resource room teachers with the Yorkton Schools.

Miss Nolan provided a three week supervised practicum for a University of Alberta Speech/Language Pathologist student. She also supervised the clinical fellowship year of a Speech/Language Pathologist wishing to fulfill membership requirements in the American Speech/Hearing Association.

During 1988, Ms. Bond-Moore met many times with other members of the Communication Screen Committee. This committee was mandated to develop a tool to screen the speech/language skills of children during their regular 3 year old CHC visit. The tool was developed in a questionnaire form and a field-test orientation package was developed.

The Public Health Nurses and the Speech/Language Pathologists in the Yorkton-Melville Health Region and the Saskatoon Rural Health Region were oriented to the tool in June, 1988 and field-testing was carried out from August 1, 1988 to November 30, 1988. The results from the field test were collected in December 1988 and plans made to revise the tool as required for orientation and implementation of the tool provincially in April 1989.

Miss Nolan and Ms. Bond-Moore appreciate the cooperation and support of their fellow regional health staff and municipal health representatives, and look forward to 1989.

The statistical breakdown that follows shows the referrals and clients served during the year.

SPEECH/LANGUAGE PATHOLOGY STATISTICS - 1988

	SOURCE OF NEW REFERRALS								DIAGNOSIS							REASON FOR DISCHARGE								
	PHN Referral (from 3 Year Core Screen)	All other PHN Referrals	Early Childhood Psych.	Physician	SHAP	Parent	Other	T O T A L	Articulation	Language	Voice	Fluency	Associated Conditions	Normal	T O T A L	Initial Assessment Normal	Treatment Goals Reached	Transferred	Moved	Service Refused	Other	T O T A L	NUMBER OF CLIENTS SEEN FOR REVIEW	MONTHLY AVERAGE OF CLIENTS SEEN FOR TREATMENT
PRESCHOOL	74	110	16	5	0	12	22	239	118	42	3	2	1	6	172	5	38	65	11	55	41	215	282	25
SCHOOL-AGE								0							0		2	2			1	5	0	5
ADULT				2			10	12	1	5	0	0	2	0	8		2			1	9	12	6	15
TOTAL	74	110	16	7	0	12	32	251	119	47	3	2	3	6	180	5	42	67	11	56	51	232	288	45

EARLY CHILDHOOD PSYCHOLOGY

Dr. D. Parker-Loewen
Early Childhood Psychologist

The Early Childhood Psychology (ECP) Program has continued to meet its program goals which are to provide psychological, consultative, and preventive services to preschool children and their families in this region. Details of the ECP's activities are presented in Table I. In addition to regional ECP responsibilities, I was re-appointed as the Community Health Services Branch (CHSB) Central Office Liaison for 1988. This involved me in provincial program development, recruitment and supervision of new ECP's, and other administration responsibilities as assigned. These central office responsibilities are reflected in Table 1. Time spent on travel and administration increased from 1987 to 1988 and time devoted to casework and case management decreased somewhat.

A total of 220 children and/or their families were seen for direct services during 1988. Seventy-seven new referrals were received with a monthly average equalling 6.4 new children. During 1988, I attempted in my casework to put more emphasis on involving the whole family in the interventions offered to the children and to integrate more effectively the other community services or resources available. The casework during 1988 has proven to be challenging

and rewarding as the children seen had a wide variety of problems ranging from severe physical or mental handicaps to children having considerable difficulty with self-control.

A major emphasis of the ECP program during 1988 was Public Education. Several presentations were made throughout the region to a variety of different interest groups. These presentations included: three "How to Talk So Kids Will Listen", 8-week/2 hours per week courses; "Positive Parenting", presented at St. Mary's School, Yorkton in January; "Infant Learning" presented to Parkland Early Childhood Invervention Program staff in March; "Parenting Young Children" in Bredenbury in March; "Parenting", a workshop for the Foster Parents Association, presented once in April (Yorkton) and again in June (Wynyard); and three presentations about discipline and child development to the Teen Parents Group, Yorkton.

Media work included publishing an article in the Saskatchewan Teachers Federation Journal Venture Forth, titled "Integrating Young Handicapped Children: Issues for consideration by Early Childhood Educators"; appearance on "Summer-Live" (CKCK-Regina) describing the ECP service and regular Health Topic rotation on CKOS-TV, Yorkton.

CHSB, during 1988, completed a research project evaluating the effectiveness of the developmental screening component of the Pre-School Core Services Program. I was involved in the data collection for this project, and assisted with preparing the summary. The results of this project are currently being evaluated by the Branch. A survey of the need for a Women's Resource Centre in this area was completed under the supervision of an Advisory Committee which I chaired. The results of this survey were circulated. The need for more information about child and spousal abuse and parenting and more education for women regarding career planning were identified by this survey.

I had the privilege of attending two excellent Inservice Programs during 1988: a conference on Child Sexual Abuse held in Regina, and a workshop on Childhood Autism, held in Yorkton. I was able, during the year, to utilize many of the ideas from these workshops in my day to day work.

My Central Office liaison activities included: regular meetings with the CHSB Executive Director in Regina; attending the Program Director's Annual 'Think Tank'; five and eleven month probationary evaluations of a new ECP in North Battleford and other meetings as necessary. I enjoyed this challenge and appreciated the opportunity to participate in this way in the Branch activities. In September 1988, Kelly Richter, Director, Speech/Language Pathology, was given the added responsibility as Director of ECP and she has now assumed most of these duties.

In April, our Region sponsored a combined Alvin Buckwold Centre/Wascana Rehabilitation Centre Travelling Clinic. Several children with physical and/or mental handicaps were seen by this multi-disciplinary assessment team and community professionals were included in case conferences. This was very useful, allowing several children to be seen without the families needing to travel to Saskatoon or Regina for the services.

It is with considerable sadness that I also report here that I am resigning my position as ECP for this Region, effective February 4, 1989. I have sincerely appreciated the opportunity to live and work in this region over the past several years. The staff of the Yorkton-Melville Region have been important to me, both personally for their warmth, humor and co-operativeness and professionally for their knowledge, sensitivity and caring. I will miss you all!

In particular, I would like to thank Dr. Watler who has provided continued support to me throughout the years. His dedication to this Region and his interest in community health is an inspiration to us all.

EARLY CHILDHOOD PSYCHOLOGY

Details of Early Childhood Psychologist Activities

	Average of Percent of Total Time.		
	1988	1987	1986
Casework/Case Management	48.7	51.9	45.5
General Consultation	5.5	11.9	14.5
E.C.P. Participation	4.5		
Public Education	7.5	8.7	8.2
Research	2.3	6.6	.4
Inservice	1.3	5.2	3.3
Professional Updating	2.4		
Travel	14.3	9.7	13.6
Administration	11.5*	6.0	13.7*

*Appointed as ECP Central Office Liaison Person for these two years.

EARLY CHILDHOOD PSYCHOLOGY

Details of Source of New Referrals to ECP

SOURCE OF REFERRAL	1988	1987	1986
PHN	49	64	45
SLP	13	12	13
Other CHSB	0	0	0
ECIP	3	2	5
Parent/Guardian	1	12	8
Other	11	6	16
TOTAL:	77	96	87
Average Number of New Referrals Per Month	6.4	8.0	7.3

EARLY CHILDHOOD PSYCHOLOGY

SUMMARY OF CLIENT SERVICES (1988)

Total Active Caseload (as of December 31, 1988)	61
Average Number of Children Seen for Direct Services per Month (1988)	18.3
Total Number of Children Seen for Direct Services (Initial and Follow-up 1988)	220

NUTRITION

Miss M. McDermott
Public Health Nutritionist

The Nutrition Program creates awareness of nutrition related problems in our community and provides information and consultative services to individuals and groups seeking assistance. Activities to promote optimal nutritional health to the community were many and varied.

A number of presentations were made to community groups throughout the area. Topics of interest included prenatal nutrition, weight control, dietary fats, eating disorders, food additives, nutrition and the handicapped, and chronic disease prevention. The Yorkton Chapter of SRNA held a panel discussion on osteoporosis which the nutritionist was part of. The area rally for TOPS was held in Canora and the nutritionist was the guest speakerwho gave a presentation o fat in the diet. A series of classes was given through the Community College to the weight control groups in Killaly and Neudorf. Presentations were given through the teen parent program. The Yorkton-Melville Health Region put on a workshop for preschool leaders and nutrition was one of the sessions. One Dairy Foundation nutrition workshop was conducted for teachers in Sturgis.

Nutrition Month, March 1988 was once again a very busy month. The theme this year was Healthy Weight in '88. The introduction of a new weight standard, The Body Mass Index (BMI), was the central promotion. The BMI is a tool to determine a range of weights for height that has the lowest incidence of health risks. Through promotion it is hoped that people will realize there is no "ideal" weight but that it is best to be within a weight range where there is low risk for health problems. The waist:hip ratio to determine location of body fat was also promoted. It seems that fat in the abdominal area is of greater concern than fat in the hip area. This campaign also leads to the need for changing peoples attitudes towards weight and body shapes. Through continued education it is hoped that this challenge may be realized.

With input from the Nutritionist, the Yorkton This Week newspaper prepared an excellent feature on Nutrition Month, its theme and the role of the Dietitian/Nutritionist. This media coverage certainly created awareness throughout the community. As well, an advertisement was placed in the newspaper to highlight a cookbook draw and display which was set up in the Parkland Mall.

A presentation on the healthy weight concept by Kayla Glynn of Health and Welfare Canada was presented in Regina which the nutritionist attended along with other health professionals.

In October Health and Welfare Canada released a document entitled Promoting Healthy Weights: A Discussion Paper. This document challenges Canadians to become part of a national strategy to promote healthy weights and prevent weight problems. This document is available to the community through the Yorkton Public Library and the Parkland Regional Library System as well as the Health Region Office.

Weekly newspaper columns were provided to local and regional newspapers. The public response continues to be high. Health Topic was taped for four weeks of this year.

The Nutritionist continued to work on subcommittees with other public health nutritionists. The healthy weights committee was busy with all of the promotional work throughout the year. The Prenatal Screening Committee also was very active with the development of screening and assessment tools. This committee will continue into 1989.

Consultations to the public and other professionals continues to be in demand . Requests were received from Public Health Nurses, Regional Staff, health and education professionals, government and community agencies as well as the public.

Individual counselling continues to be primarily focused toward the prenatal and preschool groups. Therapeutic counselling is referred to local and regional Dietitians.

1988 has been a challenging and productive year with new prevention concepts. 1989 should be a year of continued opportunity.

Nutrition Statistics - 1988

Group Discussions, Talks, Workshops

Group	Number of Meetings	Attendance
Prenatal Classes	3	41
Child Care Workers	2	69
School Students	8	201
School Teachers	1	12
Post Secondary Students	6	76
Public Health Staff	3	33
Other Health Professionals	5	26
Health Representatives	1	17
Parents	3	26
Consumers	11	209
Seniors	1	8
Other	10	216
TOTAL	54	934

Orientation Sessions

Regional Staff	1	1
Dietetic Intern	1 week	1
Nursing Students	1	3
Nutritionists	1	3 days

Mass Media and Resource Development

	Number
Television	5
Newspaper Columns (written)	13
Newspaper Columns (edited)	52
Resource Development Review	22
Displays	6
	98

Screening and Individual Counselling

	Consults	Screened	Counselled
Prenatal - under 20	6	24	14
20 and over	11	98	37
Child - 0-5	4	4	16
6-20	3	1	2
Adult -20-65	6	1	14
65 and over			
	30	128	84

Consultative Services

	Number
Health Region Staff	169
Department of Health Staff	52
Public	136
Health Professionals	41
Education Personnel	27
Health Representatives	6
Government Agencies	11
Community Agencies	7
TOTAL	449

COMMUNITY THERAPY

SHERAL GRYWACHESKI
COMMUNITY THERAPIST

FERN KEIL
COMMUNITY THERAPIST

ELEANORE PETRIE
COMMUNITY THERAPIST

The Community Therapy program has been a program of Community Health Services in the Yorkton-Melville Health Reigon since 1986. This, the second annual report is submitted on behalf of the three Community Therapists in our Health Region - Sheral Grywacheski, Yorkton; Fern Keil, Esterhazy; and Eleanore Petrie, Preeceville.

Miss Grywacheski provides inpatient and outpatient services to the Canora Union Hospital, inpatient services to Ituna monthly, and Theodore quarterly. Monthly visits are provided to care homes in Canora, Ituna, Kamsack and Yorkton.

Ms. Petrie works part-time providing inpatient and outpatient services to the Preeceville Union Hospital and Norquay. Monthly visits are provided to the care homes in Norquay and Preeceville.

Ms. Keil works part-time providing inpatient and outpatient services to St. Anthony's Hospital, Esterhazy and Langenburg Union Hospitals. Visits are made to provide services to the care homes in Esterhazy, Langenburg and Saltcoats.

In addition, the therapists provide service to the developmental and training centres in their areas.

Highlights

a) An inservice entitled "3 steps to a Healthy Back" and a display of back supports and back care information, was provided by S. Grywacheski at the Health Council meeting in October 1988.

b) Fern Keil presented two sessions on Body Mechanics and Back Care for the Parkland Community College Program in Atwater, Saskatchewan.

c) Plans were made in the fall for the submission of monthly Community Therapy articles in rural newspapers. These columns would provide information to the general public on such issues as safety and prevention of injury, general fitness, pain management, and aids to functional independence.

The articles are scheduled to appear in newspapers in March 1989 in time for National Physiotherapy Week, March 19-25, 1989.

d) As of September 1988, Community Therapy services to the Saltcoats area are being provided by S. Grywacheski instead of Fern Keil who has increased her outpatient services in the Esterhazy area.

e) On March 24, 1988 the Community Theapists participated in a Transferring, Lifting and Caring Workshop sponsored by Saskatchewan Health (Community Health Services Branch) and Saskatchewan Institute of Applied Science and Technology.

The STELLA or Saskatchewan Tele-Learning Association Workshop, was telecast via satellite television to thirteen receiving locations in Saskatchewan. The program was designed primarily for nurse aides, nurses and activity workers in rural special care homes and hospitals and for homemakers working in the Home Care program.

The workshop demonstrated rehabilitation skills such as body mechanics, lifting and transferring, positioning after hip surgery and feeding aids.

One hundred and three registrants attended at the Corona Motor Hotel which was the receiving center for the Yorkton location. Community Therapists, Fern Keil, Dana Best (Lanigan), and Sheral Grywacheski, along with Olga Bymak, Home Care Coordinator, Yorkton, provided hands on demonstration at the center and supervision during the practising of the new techniques demonstrated.

The video tapes from this workshop are now available for continuing educational programs.

Evaluations of the workshop were very positive and much enthusiasm was shown for future educational sessions of this nature.

Yorkton/Melville Health Region #10
Community Therapy - 1988
(Services Provided to Region)

	1987	1988	Average/Month (1988)
New Referrals	816	806	67.16
Total Attendance	2297	2727	227.25
Caseload/Month	69.24	206.6	----
Treatment Hours	1,169.74	1914.18	159.52
Education Hours	118.25	191.25	15.94
Consultation Hours	34.0	77.25	6.44

New Referral: An inpatient or outpatient for whom treatment has been initiated.

Total Attendance: The total number of times a patient is seen by a therapist for assessment and treatment.

Caseload/Month: The average number of patients whose file remain open within that month. (includes new referrals and carry over)

Treatment hours: The hours spent on those activities which are diagnostic, evaluative, therapeutic and require the patients presence.

Education Hours: The hours spent on activities involved in preparation of and formal presentation of material for the education of nursing staff/caregivers and public.

Consultation Hours: The hours spent on the planning of services, equipment, providing and referring to technical and expert advice.

1988

EDUCATIONAL PRESENTATIONS

Transfers, Lifting and Body Mechanics	21
ADL Techniques	2
Arthritis: Exercise/Joint Protection	1
Positioning/ROM	6
Fitness/Exercise	2
Back Care	4
Other	4

HEALTH TOPICS (CKOS - TV)

- Pink Panters (2)
- Community Therapy Program
- Exercise for Seniors

DENTAL HEALTH EDUCATION

Mrs. W. Griffith
Dental Health Educator

The Dental Health Educator position was vacant for the first three months of 1988 as I was on maternity leave. The position was then occupied by Donna Uhryn. It was her task to complete the first round of Dental Health presentations to children in Kindergarten to Grade four in 15 schools. After preparing for the topic "diet and dental health" she returned to the 57 schools for the second time. This presentation was only given to students in kindergarten and grade one.

I returned from maternity leave on July 18th to prepare for the upcoming school year. We will be presenting dental health presentations to students kindergarten to grade six inclusive.

In my coverage of the Yorkton-Melville Health Region we have only two participating schools in the Fluoride Mouth Rinse Programs: Invermay and Tantallon. Invermay has an enrollment of 47. Tantallon's enrollment is 51. Endeavour School has since requested the program but will not be included until the spring of 1989.

The "Charlie Chew" Preschool Kit has not received the usage for which it was intended. 1989 will hopefully see its use increased.

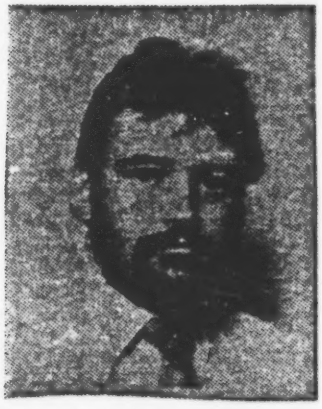
April, Dental Health Month, was busy with manning displays at the Parkland Mall, Yorkton and at the Tom Boy stores in Esterhazy.

Use of fluoride and school fluoride mouth rinse program were discussed on the local T.V. Station's weekly "Health Topic".

Dental Health Educators had the opportunity to share program developing ideas at our regional meeting June 28, 29, September 7 and 8, and December 7th and 8th.

DENTAL HEALTH EDUCATION STATISTICS

	Number of Schools Visited	Students Seen	Number of Classroom Presentations	Travel time	Inservice
April	10	1268	67	10%	
May	34	1280	38	50%	
June	25	883	33	25%	June 28/29
September	6	441	23	14%	Sept.7/8
October	10	1285	71	14%	
November	12	1200	60	16%	
December	7	530	29	13%	Dec.7/8
TOTAL	134	6887	321		



CHIROPODY

Dr. A.N. Todd
Chiropodist

This is the fifth annual report it has been my pleasure to present to the Region on behalf of the Chiropody Program.

1988 was a comparatively quiet year within the region. New referrals remain steady (779) and we were able to discharge 1175 patients during the year to leave an active caseload of 1438. Total treatment numbers were down by 220 over 1987 and is largely due to Dr. Todd having to make 3 trips to the United Kingdom early in the year. This resulted in about 1 month of clinics being cancelled.

There is still no waiting list in Yorkton, due entirely to the Rolodex system of appointing patients. However there are significant waiting periods for all satellite clinics where patients have to wait 2-6 months for initial appointments. This is mainly because of the large number of chronic cases that have to be seen in the smaller centres and which tie up a high proportion of appointment spaces.

This has been partially alleviated by offering initial visits in Yorkton with follow-up visits scheduled for the nearest satellite clinic. This is not always acceptable to patients and the situation will only get worse as time goes on.

Provincially there have been few changes within the program during the year. Most regional centres have been fully staffed, with the exception of North Battleford, where Dr. Richardson is currently in Britain for 10 months on educational leave.

In June 1988 Directors of Regional Support Services (DRSS) were appointed throughout the province to relieve the administrative load on Medical Health Officers. Part of the mandate of DRSS's is to take charge of the administrative aspects of chiropody and community therapy and to represent these disciplines at senior staff meetings. Mr. Ray Jones is DRSS for the Yorkton-Melville Region.

Throughout 1988 there were few policy changes within the program, one change that is being considered is the inclusion of V.O.N. Nurses as referral agents. This could be in effect early in 1989.

Dr. Scott Ritchie, Director of the Chiropody Program since its inception in 1985, has announced that he will be leaving in January 1989 to take up a position in Hospital Administration. He will be sorely missed by his colleagues within the program and throughout Community Health Services Branch generally.

The outstanding highlight of the year was attendance at the Canadian Podiatry Association annual convention in Saskatoon. Lecturers from the United States and Canada gave an excellent series of lectures. The conference was also notable in that there was representation from every Region in Canada including the Maritimes and Quebec.

During the year a total of 21 presentations/inservices/conferences were given and attended. These included 4 CKOS-TV Health Topics and attendance at the provincial senior games which were held in Melville in July.

In 1989, I would like to see closer cooperation with physicians and possibly the establishment of "High Risk" clinics for the treatment of diabetics, rheumatoid arthritics and other at-risk groups. It would be useful if District and Regional Hospitals could be utilized for this. Discussion will be ongoing during 1989 with regard to the possibility of implementing such a program.

CATEGORY OF NEW PATIENTS BY LOCATION - 1988

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
YORKTON	106	42	110	312	570	73.2
MELVILLE	29	6	21	24	80	10.3
FOAM LAKE	19	5	11	22	57	7.3
CANORA	30	4	16	22	72	9.2
TOTAL	184	57	158	380	779	
Percentage of Total	23.6	7.3	20.3	48.8	100%	

TOTAL CASELOAD LESS DISCHARGES

LOCATION	TOTAL PATIENTS SEEN SINCE AUG.1984	LESS DISCHARGES	CASELOAD AT DEC. 31/88	PERCENTAGE DISCHARGED
YORKTON	2485	1487	998	59.8
MELVILLE	450	226	224	50.2
FOAM LAKE	283	191	102	65.1
CANORA	326	167	159	51.2
TOTAL	3554	2071	1483	58.3%

TOTAL PATIENTS BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
YORKTON	625	187	464	1130	2406	63.8
MELVILLE	310	57	156	103	626	16.6
FOAM LAKE	121	23	65	104	313	8.3
CANORA	196	45	110	76	427	11.3
TOTAL	1252	312	795	1413	3772	
PERCENTAGE	33.2	8.3	21.0	37.5	100%	

CURRENT CASELOAD BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
YORKTON	249	255	148	350	998	67.3
MELVILLE	99	48	51	25	224	15.1
FOAM LAKE	48	20	21	12	102	6.9
CANORA	76	18	39	26	159	10.7
TOTAL	473	342	259	413	1483	100%
PERCENTAGE	31.8	23.0	17.4	27.8	100%	

SASKATCHEWAN HEARING AID PLAN

Mr. E. J. Malazdrewich
Audiologist

The Saskatchewan Hearing Aid Plan (SHAP) Office for the Yorkton-Melville Health Region has remained relatively stable for the calendar year 1988.

In addition to in-office clinical time, which is summarized at the end of this report, the Audiologist provided in-services to the Melville Senior Games, a Public Information Day in Foam Lake, a Yorkton-Melville Dental Assistant's meeting and continued involvement with Health Topic presentations on CKOS-TV. An additional television presentation was made on the Gerry Peppler Show during "May is Better Speech and Hearing Month".

The Audiologist also completed the requirements for membership and certification with the American Speech and Hearing Association and will be registered as such in early 1989.

The waiting list, a continued concern of SHAP, demonstrated a consistent gradual decline after its sharp reduction at the close of 1987.

The end of 1987 saw a total of 258 individuals waiting for assessment, while the close of 1988 showed 210 individuals. As always, with priorization of appointments, the children's waiting list for audiological assessments remains near zero virtually at all times.

Gracious thanks must be forwarded to the fellow regional health staff for their consistent support and approachable attitude in 1988. The SHAP office looks forward to a continuing co-operation in 1989 as well as a further reduction in the SHAP waiting list.

Statistical Information

	ATTENDED	FAILED TO ATTEND
Audiological Assessments	862	131
Hearing Aid Fittings	330	8
Hearing Aid Fitting Followup	218	20